

U. S. Department of Education
Federal Family Education Loan Program
Guaranty Agency Monthly Claims and Collections Report
Cover Page

Guaranty Agency State Name: _____
Guaranty Agency Code: _____

For Month of (MM-CCYR): ____-____
Page ____ of ____ Pages

Authority: The collection of this information is authorized by the *Higher Education Act of 1965, as amended, Part B, Federal Family Education Loan Program(20 U.S.C. 1071 Et Seq.)*.

Reporting Burden: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid, OMB control number. The valid OMB control number for this information collection is **1840-0582**. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have any comments or concerns regarding the status of your individual submission of this form, write directly to:** Guaranty Agency Reporting, U.S. Department of Education, P.O. Box 23457, L'Enfant Plaza Station, Washington, D.C. 20026.

Warning: Any person who knowingly and willfully destroys or conceals any record relating to the provision of assistance under Title IV of the Higher Education Act of 1965, as amended, or attempts to so destroy or conceal with intent to defraud the United States or to prevent the United States from enforcing any right obtained by subrogation under Part B of Title IV, shall upon conviction thereof, ***be fined not more than \$20,000 or imprisoned not more than 5 years, or both,*** under the provisions of ***20 U.S.C. 1097***.

Instructions: There are ***separate instructions for the completion of this form.*** please read those instructions carefully before completing the form.

Form Submission: Submit the Monthly Claims and Collections Report via the ***U.S. Postal Service*** to the address below. **(Submission of this cover page is optional.)**

U.S. Department of Education
Guaranty Agency Processing
P. O. Box 4137
Greenville, TX 75403-4137

Guaranty Agency Monthly Claims and Collections Report

Guaranty Agency State Name: _____
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Part A - Reinsurance and Supplemental Preclaims Assistance Request

	Number of --Claims-- (A)	Principal, Lender & GA Claim Interest --Paid to Lenders-- (B)	Non-Reinsured GA --Interest--- (C)
Reinsurance Request Section:			
A-1 Defaults	#_____	\$_____	\$_____
A-2 Exempted Claims	#_____	\$_____	\$_____
A-3 Bankruptcy (Chapter 12 & 13)	#_____	\$_____	\$_____
A-4 Death and Disability	#_____	\$_____	\$_____
A-5 Bankruptcy (Chapter 7 & 11)	#_____	\$_____	\$_____
A-6 Closed Schools	#_____	\$_____	\$_____
A-7 False Certification	#_____	\$_____	\$_____
A-8 Lender Of Last Resort Loan	#_____	\$_____	\$_____

Number of --Accounts-- (A)	Total Unpaid Principal --and Accrued Interest-- (B)
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Supplemental Preclaims Assistance Section:

A-9 Accounts With No Claim Filed (SPA initiated On/After 10/1/93)	#_____	\$_____
--	--------	---------

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Guaranty Agency State Name: _____

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Part B: Additional Reinsurance Request and Lender Referral Fees

	Number of --Claims-- (A)	Additional Principal, Lender & GA Claim Interest --Paid to Lenders-- (B)
--	-----------------------------------	--

Additional Payment by Agency to Lender Section:

B-1	Defaults	#_____	\$_____
B-2	Exempted Claims	#_____	\$_____
B-3	Bankruptcy (Chapter 12 & 13)	#_____	\$_____
B-4	Death and Disability	#_____	\$_____
B-5	Bankruptcy (Chapter 7 & 11)	#_____	\$_____
B-6	Closed Schools	#_____	\$_____
B-7	False Certification	#_____	\$_____
B-8	Lender of Last Resort Loan	#_____	\$_____

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Part B: Additional Reinsurance Request and Lender Referral Fees (Continued)

Increase in Number Claims ---Paid--- (A)	--Increase in Amounts of Reinsurance Due--- for Principal, Lender & -GA Claim Interest- (B)
--	---

Understated Reinsurance Claims Section:

B-9 Defaults #_____ \$_____

B-10 Exempted Claims #_____ \$_____

B-11 Bankruptcy (Chapter 12 & 13) #_____ \$_____

B-12 Death and Disability #_____ \$_____

B-13 Bankruptcy (Chapter 7 & 11) #_____ \$_____

B-14 Closed Schools #_____ \$_____

B-15 False Certification #_____ \$_____

B-16 Lender of Last Resort Loan #_____ \$_____

Number of ---Loans--- (A)	Principal Amount ----of Loans---- (B)
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Lender Referral Fee Section:

B-17 Lender Referral Fee #_____ \$_____

ED Form 1189, 01/95
(Previous Editions Obsolete.)

OMB No. 1840-0582
Expiration Date: 10/31/2000

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Part C: Change in Status Supplemental Reinsurance Request

-----Account Balance at Conversion-----
of

Number of --Claims-- (A)	Additional Unpaid --Principal-- (B)	Unpaid Interest After Date of Reinsurance ---Payment--- (C)	Principal, Purchased Interest & Pre-11/90 ----SPA---- (D)	Accrued Interest-- (E)	Other Charges-- (F)
-----------------------------------	--	--	--	------------------------------	---------------------------

Original Reinsurance Paid for 98%, 90%, 88%, 80%, or 78% of Principal and Interest Section:

C-1 Death or Disability

#_____ \$_____ \$_____ \$_____ \$_____ \$_____

C-2 Bankruptcy (Chapter 12 & 13)

#_____ \$_____ \$_____ \$_____ \$_____ \$_____

C-3 Bankruptcy (Chapter 7 & 11)

#_____ \$_____ \$_____ \$_____ \$_____ \$_____

C-4 Closed Schools

#_____ \$_____ \$_____ \$_____ \$_____ \$_____

C-5 False Certification

#_____ \$_____ \$_____ \$_____ \$_____ \$_____

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Part D: Full Refund of Reinsurance Claims

		Number	Outstanding Principal Net	Outstanding Accrued Interest	Outstanding Non-Reinsured
		of	of any	ED	Interest-
		--Claims--	--Complement--	-----Due	-GA
		(A)	(B)	(C)	(D)
Reinsurance Claims Paid in Current Fiscal Year Section:					
D-1	Defaults	#_____	\$_____	\$_____	\$_____
D-2	Exempted Claims	#_____	\$_____	XXX	\$_____
D-3	Bankruptcy (Chapter 12 & 13)	#_____	\$_____	XXX	\$_____
D-4	Death and Disability	#_____	\$_____	XXX	\$_____
D-5	Bankruptcy (Chapter 7 & 11)	#_____	\$_____	XXX	\$_____
D-6	Closed Schools	#_____	\$_____	XXX	\$_____
D-7	False Certification	#_____	\$_____	XXX	\$_____
D-8	Lender of Last Resort Loan	#_____	\$_____	\$_____	\$_____

Guaranty Agency Monthly Claims and Collections Report

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Part D: Full Refund of Reinsurance Claims

	Number of --Claims-- (A)	Outstanding Principal Net of Any --Complement-- (B)	Outstanding Accrued Interest -----Due ED----- (C)	Outstanding Non-Reinsured -GA Interest- (D)
Reinsurance Claims Paid in Previous Fiscal Year Section:				
D-9 Defaults	#_____	\$_____	\$_____	\$_____
D-10 Exempted Claims	#_____	\$_____	XXX	\$_____
D-11 Bankruptcy (Chapter 12 & 13)	#_____	\$_____	XXX	\$_____
D-12 Death and Disability	#_____	\$_____	XXX	\$_____
D-13 Bankruptcy (Chapter 7 & 11)	#_____	\$_____	XXX	\$_____
D-14 Closed Schools	#_____	\$_____	XXX	\$_____
D-15 False Certification	#_____	\$_____	XXX	\$_____
D-16 Lender of Last Resort Loan	#_____	\$_____	\$_____	\$_____

Guaranty Agency Monthly Claims and Collections Report

Guaranty Agency State Name: _____ For Month Of (MM-CCYR): ____-____
Guaranty Agency Code: _____ Month Reinsurance Claim Paid by ED (MM-CCYR): ____-____
Loan Type Code: _____ Page ____ of ____ Pages

Part E: Refunds for Overpayment and Overbilling

Number of --Claims-- (A)	Refund Net of Any ----Complement----- (B)
-----------------------------------	--

Partial Refund of Reinsurance Claims Section:

E-1	Defaults	#_____	\$_____
E-2	Exempted Claims	#_____	\$_____
E-3	Bankruptcy (Chapter 12 & 13)	#_____	\$_____
E-4	Death and Disability	#_____	\$_____
E-5	Bankruptcy (Chapter 7 & 11)	#_____	\$_____
E-6	Closed Schools	#_____	\$_____
E-7	False Certification	#_____	\$_____
E-8	Lender of Last Resort Loan	#_____	\$_____

Guaranty Agency Monthly Claims and Collections Report

Guaranty Agency State Name: _____ For Month Of (MM-CCYR): ____-____
Guaranty Agency Code: _____ Month Reinsurance Claim Paid by ED (MM-CCYR): ____-____
Loan Type Code: _____ Page ____ of ____ Pages

Part E: Refunds for Overpayment and Overbilling (Continued)

Decrease in Number Claims ---Paid--- (A)	--Decrease in Amounts of Reinsurance Due-- for Principal, Lender & -GA Claim Interest- (B)
--	--

Overstated Reinsurance Claims Section:

E-9 Defaults	#_____	\$_____
E-10 Exempted Claims	#_____	\$_____
E-11 Bankruptcy (Chapter 12 & 13)	#_____	\$_____
E-12 Death and Disability	#_____	\$_____
E-13 Bankruptcy (Chapter 7 & 11)	#_____	\$_____
E-14 Closed Schools	#_____	\$_____
E-15 False Certification	#_____	\$_____
E-16 Lender of Last Resort Loan	#_____	\$_____

Guaranty Agency Monthly Claims and Collections Report

Guaranty Agency State Name: _____ For Month Of (MM-CCYR): ____-____
Guaranty Agency Code: _____ Collections Received in Month Of (MM-CCYR): ____-____
Loan Type Code: _____ Page ____ of ____ Pages

Part F: Default and Bankruptcy Collections

	Number of --Accounts-- (A)	Total --Collected--- (B)	Applied to Principal, Purchased Interest & --Pre 11/90 SPA-- (C)	Applied to --Accrued Interest-- (D)
--	-------------------------------------	--------------------------------	---	---

Default Collection Section:

F-1 100%/98% Reinsurance Reimbursement

#_____	\$_____	\$_____	\$_____
--------	---------	---------	---------

F-2 90%/88% Reinsurance Reimbursement

#_____	\$_____	\$_____	\$_____
--------	---------	---------	---------

F-3 80%/78% Reinsurance Reimbursement

#_____	\$_____	\$_____	\$_____
--------	---------	---------	---------

F-4 Lender of Last Resort Loan Collections

#_____	\$_____	\$_____	\$_____
--------	---------	---------	---------

Borrower Payment Returned - Status Change Default to Closed School/False Certification Section:

F-5 Closed Schools

#_____	\$_____	\$_____	\$_____
--------	---------	---------	---------

F-6 False Certification

#_____	\$_____	\$_____	\$_____
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Guaranty Agency Monthly Claims and Collections Report

Guaranty Agency State Name: _____ For Month Of (MM-CCYR): ____-____
Guaranty Agency Code: _____ Collections Received in Month Of (MM-CCYR): ____-____
Loan Type Code: _____ Page ____ of ____ Pages

Part F: Default and Bankruptcy Collections

Number of -Accounts- (A)	Total --Collected--- (B)	Applied to Principal, Purchased Interest & --Pre 11-90 SPA-- (C)	Applied to -Accrued Interest- (D)
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Bankruptcy Recovery Section:

F-7 Chapter 12 & 13 Bankruptcies

#_____	\$_____	\$_____	\$_____
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F-8 Chapter 7 & 11 Bankruptcies

#_____	\$_____	\$_____	\$_____
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Guaranty Agency Monthly Claims and Collections Report

Guaranty Agency State Name: _____
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Part G: Activity on Accounts: Federal Tax Refund Offset

	Number of -Accounts- (A)	Total Collected/ ---Activity--- (B)	Applied to Principal & -Purchased Interest- (C)	Applied to -Accrued Interest- (D)
G-1 IRS Offset				
	#_____	\$_____	\$_____	\$_____
G-2 Non-Federal Share Offset				
	#_____	\$_____	\$_____	\$_____
G-3 Overpayment Refunds				
	#_____	\$_____	\$_____	\$_____
G-4 Injured Spouse Claims				
	#_____	\$_____	\$_____	\$_____

Guaranty Agency Monthly Claims and Collections Report

Guaranty Agency State Name: _____ For Month Of (MM-CCYR): ____-____
Guaranty Agency Code: _____ Loans Rehabilitated in Month Of (MM-CCYR): ____-____
Loan Type Code: _____ Page ____ of ____ Pages

Part H: Rehabilitated Loans

	--Number-- (A)	Outstanding Principal & Purchased ---Interest--- (B)	Outstanding Accrued --Interest-- (C)	Outstanding Pre-11/90 ----SPA---- (D)	Outstanding Other --Charges-- (E)
H-1 100%/98% Reinsurance Reimbursement	# _____	\$ _____	\$ _____	\$ _____	\$ _____
H-2 90%/88% Reinsurance Reimbursement	# _____	\$ _____	\$ _____	\$ _____	\$ _____
H-3 80%/78% Reinsurance Reimbursement	# _____	\$ _____	\$ _____	\$ _____	\$ _____
H-4 Rehabilitated Lender of Last Resort Loan	# _____	\$ _____	\$ _____	\$ _____	\$ _____

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Part I: Non-Payment Activity
(This Part **Must** Always Be
Submitted For All Loan Types)

-----Account Balance at Conversion-----
of

Number of --Claims-- (A)	Principal, Purchased Interest & Pre-11/90 ----SPA---- (B)	Accrued -Interest-- (C)	Other --Charges-- (D)
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Change of Status for Default and Lender-of-Last-Resort Loan Claims Paid at 100% Section:

I-1 Bankruptcy (Chapter 12 & 13)	#_____	\$_____	\$_____	\$_____
I-2 Death and Disability	#_____	\$_____	\$_____	\$_____
I-3 Bankruptcy (Chapter 7 & 11)	#_____	\$_____	\$_____	\$_____
I-4 Closed Schools	#_____	\$_____	\$_____	\$_____
I-5 False Certification	#_____	\$_____	\$_____	\$_____

Change of Status Bankruptcy (Chapter 12 and 13) Not Discharged:

I-6 Defaults	#_____	\$_____	\$_____	\$_____
I-7 Lender of Last Resort Loan	#_____	\$_____	\$_____	\$_____

Guaranty Agency Monthly Claims and Collections Report

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Guaranty Agency Code: _____ Collections Received in Month Of (MM-CCYR): ____-____
Loan Type Code: _____ Page ____ of ____ Pages

Part J: GA Administrative Wage Garnishment Collections

	Number of -Accounts- (A)	Total --Collected-- (B)	Applied to Principal, Purchased Interest & --Pre 11/90 SPA-- (C)	Applied to -Accrued Interest- (D)
--	-----------------------------------	-------------------------------	---	---

Default Collection Section:

J-1 100%/98% Reinsurance Reimbursement

#_____ \$_____ \$_____ \$_____

J-2 90%/88% Reinsurance Reimbursement

#_____ \$_____ \$_____ \$_____

J-3 80%/78% Reinsurance Reimbursement

#_____ \$_____ \$_____ \$_____

J-4 Lender of Last Resort Loan Collections

#_____ \$_____ \$_____ \$_____

Borrower Payment Returned - Status Change Default to Closed School/False Certification Section:

J-5 Closed Schools

#_____ \$_____ \$_____ \$_____

J-6 False Certification

#_____ \$_____ \$_____ \$_____

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Part K: Certification
(This Part Must Always Be Submitted.)

K-1 Type of Submission (Check Only One): Original: _____ Correction: _____

K-2 No Offset Options
(Complete one if agency does not want ED to automatically offset amounts owed to ED.)

A. Transaction Type (Check Only One): Check: _____ Electronic Funds Transfer: _____

B. Amount: \$_____ Date Mailed/EFT Completed (MM-DD-CCYR): ____-____-____

K-3 Name of Guaranty Agency: _____

K-4 Typed Name of Contact Person: _____

K-5 Contact Telephone Number: (_____)_____

Certification Statement: The data submitted for this Guaranty Agency Monthly Claims and Collections Report (ED Form 1189) is correct to the best of my knowledge and belief. I certify that it conforms to the laws, regulations and policies applicable to the Federal Family Education Loan Program. I certify under threat of penalty (including loss of reinsurance) that diligent attempts have been made to locate borrowers through reasonable skip tracing techniques for which default claims are filed herein. I agree that all documents, files and accounts supporting this data shall be subject to audit by the Secretary of Education or other authorized representatives of the United States Government.

K-6 Signature of Authorized Official: _____ K-7 Date: _____

K-8 Typed Name of Authorized Official: _____

K-9 Title of Authorized Official: _____